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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003346 (0)

1. Corporation Name

VOLUSIA MARKETING & ASSOCIATES OF DAYTONA BEACH, INC.

Principal Place of Business

~~2500-B S ATLANTIC AVENUE~~
~~DAYTONA BEACH FL 32118~~
US

Mailing Address

1307 E NORMANDY BLVD
SUITE 1
DELTONA FL 32725-8405
US

2. Principal Place of Business

21 7041 GRAND NATIONAL DR

Suite, Apt. #, etc.

22 SUITE 128-I

City & State

23 ORLANDO, FL

Zip

24 32819

Country

25 USA

2a. Mailing Address

26 SAA

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

~~SMITH, DENISE~~
~~2500-B~~
~~S ATLANTIC AVE~~
~~DAYTONA BEACH SHORES FL 32118~~

3. Date Incorporated or Qualified

01/11/1995

3a. Date of Last Report

08/06/1996

4. FEI Number

59-3287108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

1. Name

LEVENE, CAROLE M.

2. Street Address (P.O. Box Number is Not Acceptable)

7041 GRAND NATIONAL DR.

3.

SUITE 128-I

4. City

ORLANDO

FL

85

Zip Code
32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, as officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carole M. Levene
Signature, typed or printed name of registered agent and title if applicable

(NOT a registered agent)

7/2/97

agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LEVENE, CAROLE M

STREET ADDRESS ~~2500-B S ATLANTIC AVE~~

CITY-ST-ZIP ~~DAYTONA BEACH SHORES FL 32118~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carole M. Levene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-97

CR2E034 (9/96)